



# Caroline County Health Department

## Division of Environmental Health

Leland Spencer, M.D., MPH, Health Officer

Attilio Zarrella, Th.D., Deputy Health Officer

A State Agency Serving the People of Caroline County

We **prefer** you email your requests for records. **Please use one email per property.**

Please be specific about records requested. Multiple requests under one email and/or form may be over looked.

TO: [erica.plank@maryland.gov](mailto:erica.plank@maryland.gov)

SUBJ: Records Search Request for (911 address of property – or tax ID number)

BODY OF EMAIL SHOULD BE SOMETHING LIKE: Please send me well/septic/perc records for the above referenced property. The Map is \_\_, Parcel \_\_ (Lot number if in sub'd and name of subdivision)

If you are unable to email a request, complete the form below; submit your request either by mail or fax (410) 479-4082

### MARYLAND PUBLIC INFORMATION ACT ("PIA") REQUEST FOR RECORDS SEARCH

Complete sections A-C only. PLEASE PRINT. Please use separate forms for separate parcels.

**CANNOT PROCESS INCOMPLETE APPLICATIONS.** **Please allow 10 business days processing time**

Under General Provisions Article ("GP"), §§ 4-101 through 4-601, Annotated Code of Maryland, a records search is requested for the property listed below:

**A) APPLICANT (Request information to be faxed to (fax#):** \_\_\_\_\_

NAME: \_\_\_\_\_

BUSINESS NAME (if applicable) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Include Street or Post Office Box, City, State, ZIP CODE

DAY PHONE: \_\_\_\_\_

**OR EMAIL TO:** \_\_\_\_\_

**B) Information requested for property located at: (911 address)** \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

NAME OF SUBDIVISION \_\_\_\_\_

SPECIFIC RECORDS REQUESTED:

MAP \_\_\_\_\_ GRID/BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT# \_\_\_\_\_

☐ PERC ☐ SEPTIC ☐ WELL ☐ OTHER (SPECIFY) \_\_\_\_\_

Applicant's Comments:

If copies made, I understand that a minimum \$1 fee will be charged for copies under 4 pages and additional fees assessed for more than 4 copies. I also understand that if staff time in record retrieval takes more than two (2) hours, then additional fees will be assessed.

X \_\_\_\_\_ / /

**C) Applicant's signature**

Date

-----HEALTH DEPARTMENT USE ONLY-----

FILE CONTAINED INFORMATION RESTRICTED BY LAW? \_\_\_\_\_ IF YES, DESCRIBE ACTION BELOW:

H.D.COMMENTS: \_\_\_\_\_ COPIES MADE \$ \_\_\_\_\_ PAID RECEIPT # \_\_\_\_\_ PT ID # \_\_\_\_\_

DATE FILE RETRIEVED: \_\_\_\_\_

WITNESS TO INSPECTION: \_\_\_\_\_

:S\FORMS:RS and email protocol.2015.doc

CUSTODIAN SIGNATURE

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403 S 7<sup>th</sup> Street, Rm 248, Denton, MD 21629

[www.carolinehd.org](http://www.carolinehd.org)

PHONE: 410/479-8045

FAX: 410/479-4082